STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
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Ruth Ann Terry, MPH, RN, Executive Officer

NURSE PRACTITIONER PROGRAM EVALUATION SURVEY
PART II -- GENERAL INFORMATION

Program Name:

Program Type: ( ) Baccalaureate ( ) Master's ( ) Post Master's ( ) Certificate
( ) Other (Specify)

Length of Program: [CCR 1484 (d) (7) & (8)]

( ) Full-time ( ) Semester
( ) Part-time ( ) Quarter

Total Units

Supervised Clinical Units	Theory Units
Supervised Clinical Units	Theory Hours

If the program format is other than quarter or semester, please explain on a separate sheet. Include the number of units and hours in theory and clinical.

Specialty areas [Title 16, CCR 1484 (d) (3)]

( ) Acute Care
( ) Adult
( ) Psych/Mental Health
( ) Family
( ) Other - Please list
( ) Gerontology
( ) Neonatal
( ) Critical Care
( ) Pediatrics
( ) Primary Care
( ) School Health
( ) Occupational Health
( ) Women's Health

Voluntary Accreditation - *Is this program accredited by any state and/or national nursing agency/organizations?*

( ) No ( ) Yes If yes, specify:

Number of Students currently enrolled

First Semester/quarter	Preceptorship
Second Semester/quarter	Other (specify)
Third Semester/quarter	Total
Date of First Graduation:	Number of Graduates to date: